

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)  
Steve Israel for Congress Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Harry Mitchell for Congress	<b>Transaction ID:</b> D12279 <b>Date of Disbursement</b>
Mailing Address PO Box 23748	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 0 / 2 0 0 8</div> </div>
City Tempe State AZ Zip Code 85285	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contributions	<div> <div>2000.00</div> </div>
Candidate Name HARRY E MITCHELL	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) INDEPENDENCE PARTY OF NY FEDERAL COMMITTEE	<b>Transaction ID:</b> D11877 <b>Date of Disbursement</b>
Mailing Address PO BOX 871	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 9 / 2 0 0 8</div> </div>
City LINDENHURST State NY Zip Code 11757	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contributions	<div> <div>5000.00</div> </div>
Candidate Name INDEPENDENCE PARTY OF NY FEDERAL COMMITTEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) INDEPENDENCE PARTY OF NY FEDERAL COMMITTEE	<b>Transaction ID:</b> D11944 <b>Date of Disbursement</b>
Mailing Address PO BOX 871	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 1 4 / 2 0 0 8</div> </div>
City LINDENHURST State NY Zip Code 11757	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contributions	<div> <div>2000.00</div> </div>
Candidate Name INDEPENDENCE PARTY OF NY FEDERAL COMMITTEE	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

9000.00

**TOTAL** This Period (last page this line number only) .....